Notification of Hazardous Waste Sita

United States 5/15/8/Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Compre-

Place type or print in mk. If you need

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required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must which applies. sation, and Liability Act of 1980 and must be mailed by June 9, 1981. Han Ā

					IL #0	11	-S-C	100-0	01-	- 278
A	Person Required to Notify: Enter the name and address of the person or organization required to notify.		Name	MONSA	NTO COMP.	ANY				
			Street	W.G.	Krummri	ch Plant				
		City	Sauge	<u>t</u>	State	IL	Zip Code	6220)1	
В	Site Location:	Name of Site	Sauget	(Monsan	to Illino	is La	ndfill			
	Enter the common name (if known) actual location of the site.	Street	Fallin	g Spring	s Road					
7	20980614176	city Sat	uget		t.Clair State	Il	Zip Code	6220)1	
Ē.	Person to Contact:									
	Enter the name, title (if applicable), and usiness telephone number of the person contact telephone information submitted on this form.		Name (Last, Fi	irst and Title)	Sinise,	Richard H	. Env	ironmer	ntal	Eng.
`			Phone (<u>618) 27</u>	1-5835					
\overline{D}	Dates of Waste Handling:									
	Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.		From (Year)	Unknown	To (Year)	1957				
E	Waste Type: Choose the option Option I: Select general waste type you do not know the general waste encouraged to describe the site in I:	es and so types or	ource categor sources, you	ries. If u are	Resource Co	his option is ava onservation and l (40 CFR Part 261	Recovery			
	General Type of Waste: SPlace an X in the appropriate F	Source o	of Waste: X in the app		Specific Ty EPA has ass listed in the appropriate the list of his contacting to	pe of Waste: signed a four-dig regulations und four-digit numbe azardous wastes he EPA Region s	it numbe er Sectio er in the l and code	in 3001 of l boxes provi es can be o	RCRA. I ded. A btained	Enter th copy of I by
	1. EXOrganics	1. 🗆 Mi	ning		located.					
	2. 🗆 Inorganics	2. 🗆 Co	nstruction					7		
	3. ☐ Solvents	3. 🗆 Te:	xtiles	Ţ						
		4. 🗆 Fe						1		
	•		per/Printing							
			ather Tannin	-						
			n/Steel Four							
			emical, Gen	1						
			eting/Polishi	- 1						
			litary/Ammu	ľ						
			ectrical Cond ensformers	uctors				J L		
			ility Compani	ioc	_					
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			her (Specify)			0032				
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	ation of Hazardous Waste Site	Side Two	•					
;	Quantity:	Facility Type	Total Facility Waste Amount					
	Place an X in the appropriate boxes to incleate the facility types found at the site.	□ Piles □ Land Treatment	Cubic feet					
,	In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	3.XD Landfill	gallons Unknown					
		 4. ☐ Tanks 5. ☐ Impoundment 6. ☐ Underground Injection 7. ☐ Drums, Above Ground 	Total Facility Area					
			unknown					
	Coccepy deling equals have all delices.	8. Drums, Below Ground 9. Other (Specify)						
G	Known, Suspected or Likely Releases to	the Environment:						
	Place an X in the appropriate boxes to indicate or likely releases of wastes to the environment		☐ Known ☐ Suspected ☐ Likely ☐ None ☑ Do Not Know					
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.							
H	Sketch Map of Site Location: (Optional)							
	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.							
,	\smile							
		•						
-	Description of Site: (Optional)							
	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, brings, lakes, or housing. Include such aformation as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.							
			E					
			JM 08 1981					
			1					
J	Signature and Title:							
_		ame J. W. MOLLOY PLANT MANAGER Owner						
	trustees or attorneys) of persons required to notify must sign the form and provide a S	Street W.G. KRUMMRICH PLANT ROUTE 3 STransp						
	mailing address (if different than address in item A). For other persons providing	rry SAUGET St	Operator, Present					
	notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".	ignature HUMbello	Date 3/1/89 = Operator, Past					

DESPON	DENT CONTACT R	ECORD (RCR)	
	LID NOWINEU	COMPANY NAME	
1.1	5000	00/12/78 Sauget (Monsanto Il Lingis Land Fill)	
COPILVA	ADDRESS	CITY STATE ABUREV. ZIP CODE	
Fall	ling Spri	nas Road	
CONTACT	PERSON'S NAME TI	TELEPHONE NUMBER (INCLUDE AINEA CODE)	_
		CONTACT RECORD	
DATE	CONTRACTOR'S INITIALS	ITEMS DISCUSSED/RESOLUTION	
11/2	B	Per. Mr. Richard Sinise Falling Springs Rd. +	•
		Montsanto AVE are two different site	
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Notification of Hazardous Waste Site

United States Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compen- paper. Indicate the letter of the item sation, and Liability Act of 1980 and must

Please type or print in ink, If you need additional space, use separate sheets of which applies.

	be mailed by June 9, 1981.	11 14	201	8100	608	165-000-001-279		
		16H	391			123-000-001-279		
4	Person Required to Notify: Enter the name and address of the person or organization required to notify.		Name	Monsanto	Co J. F.	Queeny Plant		
			Street	1700 Sou	th Second St	reet		
			City	St. Loui	S	StateMissouri Zip Code 63177		
В	Site Location:			Sauget	(Monsanto)	Illinois Landfill		
	Enter the common name (if known actual location of the site.	n) and	Name of Site Sauget (Monsanto), Illinois Landfill Street Falling Springs Road					
			Street	Falling	Springs Road	1		
Z	20980614176		City	Sauget	County St.	Clair State Illinoistip Code 62201		
Ç	Person to Contact:			First and Title)	McCombs. Ma	ax W Env. Prot. Supv.		
	Enter the name, title (if applicable) business telephone number of the), and person	Phone	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(314) 622-			
to contact regarding information submitted on this form.			rione		(314) 022	1700		
	Dates of Waste Handling:							
	Enter the years that you estimate treatment, storage, or disposal beg		From (Year)	Unknown	To (Year) 195	57		
	ended at the site.					·		
 E	Waste Type: Choose the option	you pre	efer to cor	nplete				
	Option I: Select general waste typ you do not know the general waste encouraged to describe the site in	e types or	sources, y	ou are	Resource Cons	option is available to persons familiar with the servation and Recovery Act (RCRA) Section 3001 CFR Part 261).		
	Place an X in the appropriate	Source o Place an boxes.	f Waste: X in the ap	opropriate	listed in the re appropriate for the list of haza	of Waste: ned a four-digit number to each hazardous wast gulations under Section 3001 of RCRA. Enter the ir-digit number in the boxes provided. A copy of rdous wastes and codes can be obtained by EPA Region serving the State in which the site		
	1. 🗷 Organics	1. 🗆 Mir	ning		locateu.			
	2. Z Inorganics		nstruction					
	3. Solvents 4. □ Pesticides	3. ☐ Tex 4. ☐ Fer						
	5. Heavy metals		per/Printin	in				
	6. □ Acids		ther Tann	-				
	7. 🗆 Bases		n/Steel Fo	٠				
	8. □ PCBs		emical, Ge	· .		 		
	9. Mixed Municipal Waste	9. 🗆 Pla	ting/Polisi	hing				
	10. 🗆 Unknown	10. 🗆 Mi	litary/Amn	nunition				
	11. D Other (Specify)	11. 🗆 Ele	ctrical Cor	nductors				
			insformers	3				
			lity Compa	,	0.0	18 R- NUC 9 1 1 0 1		
			nitary/Refi	use	3 0	· • · · ·		
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Decion VII h.c. ...

RESPONDENT CONTACT RECORD (RCR) COMPANY NAME PACILITY TO NUMBER STATE ADDREV. ZIP CODE CUMPANY ADDRESS Sauget CONTACT PERSON'S NAME/TITLE TELEPHONE NUMBER (INCLUDE ARLA CODE) Somith, Steve CONTACT RECORD CONTRACTOR'S INITIALS DATE IYEMS DISCUSSED/RESOLUTION 3-30-82 Scott Petrucka Talled will Mr. Steve Smith about the Sauget landfulls on Rte 3 Levee Rd He informed me

	Notification of Hazardous Waste Site	Side Two						
F	Waste Quantity:	Facility Type	Total Facility Wast	e Amount				
•	Place an X in the appropriate boxes to indicate the facility types found at the site.	□ Piles □ Land Treatment	cubic feet 356,	000				
•	In the "total facility waste amount" space, give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	3. 💆 Landfill 4. □ Tanks 5. □ Impoundment	Total Facility Area square feet					
		6. ☐ Underground Injection 7. ☐ Drums, Above Ground 8. 🖄 Drums, Below Ground 9. ☐ Other (Specify)	acres Unkn	own				
G	Known, Suspected or Likely Releases	to the Environment:						
	Place an X in the appropriate boxes to indicate or likely releases of wastes to the environment		□ Known □ Suspect 【図 Do not kn					
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H	Sketch Map of Site Location: (Option Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a sublishing map showing the site location.			·				
_	Description of Site: (Optional)							
•	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, vrings, lakes, or housing. Include such aformation as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.							
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			$\prod_{i=1}^{n} (1-i)^{n} = \sum_{i=1}^{n} (1-i)^{n} = \sum_{i$	÷				
J	Signature and Title:	Jane & Smile	meyo	104				
	The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the	Name George A. Knollmeyer,	, P (ant Manager	☐ Owner, Present ☐ Owner, Past				
		Street		▼ Transporter □ Operator, Present				
		City State	· · · · · · · · · · · · · · · · · · ·	☐ Operator, Present☐ ☐ Operator, Past☐ ☐ Other				
	relationship to the site of the person required to notify. If you are not required to notify check "Other"	Signature	Date 5/18/81					

•		
RESPOND	ENT CONTACT R	ecord (ncr)
	เก พกเกลเม	COMPANY NAME
工工	5000	001279 Mensanta Co.
COULVUA	ADDRESS	CITY STATE ABBREV. ZIP CODE
1700	South	Second St. Louis
CONTACT	PERSON'S NAMENTI	TELEPHONE NUMBER (INCLUDE AREA CODE)
	•	CONTACT RECORD
DATE	CONTRACTOR'S	IYEMS DISCUSSED/RESOLUTION
10/28	B	We discussed the Souget Landfill. The
		inform me that Sauget & Monsanto is the
		some fandfill. The one that he is reporting
)	:	
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